

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF MISSOURI
WESTERN DIVISION

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CLERK U.S. DIST. COURT
WEST. DIST. OF MO.
KANSAS CITY, MO

Kevin Sean King

**Complaint for Employment
Discrimination**

Case No. 4:20-cv-895-LMC
(to be filled in by the Clerk's Office)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Preferred Family Healthcare

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

REQUEST FOR TRIAL BY JURY

Plaintiff requests trial by jury. ☒ Yes ☐ No

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Kevin Sean King
Street Address 16602 E Gndgell
City and County Independence Jackson
State and Zip Code Missouri 64055
Telephone Number (816) 612-6521
E-mail Address KevinK50@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name Preferred Family Healthcare
Job or Title (if known) ()
Street Address 10101 James A Reed
City and County Kansas City Jackson
State and Zip Code Missouri ~~64055~~ 64134
Telephone Number (816) 967-8090
E-mail Address (if known) ()

Defendant No. 2

Name Suzy Norton
Job or Title (if known) Supervisor
Street Address 10101 James A Reed
City and County Kansas City Jackson

State and Zip Code Missouri 64055
Telephone Number (816) 767-8090
E-mail Address _____
(if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name Preferred Family Healthcare
Street Address 10101 James A Reed
City and County Kansas City Jackson
State and Zip Code Missouri 64134
Telephone Number (816) 767-8090

II. Cause of Action

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)



Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law (*specify the federal law*):

- ☐ Missouri Human Rights Act, Missouri Revised Statute § 213.055
- ☐ Other state law (*specify, if known*):

- ☐ Relevant city or county law (*specify, if known*):

III. Administrative Procedures

- A. Did you file a charge of discrimination against Defendant(s) with the Equal Employment Opportunity Commission or other federal agency?

☒ Yes Date filed: 5-31-2019
☐ No

Attach copy of the charge to this Complaint

- B. Have you received a Notice of Right-to-Sue Letter from the Equal Employment Opportunity Commission?

☒ Yes ☐ No

If yes, please attach a copy of the letter to this Complaint.

- C. Did you file a charge of discrimination against Defendant(s) with the Missouri Commission on Human Rights?

☒ Yes Date filed: Aug, 2020
☐ No

Attach copy of the charge to this Complaint

- D. Have you received a Notice of Right-to-Sue Letter from the Missouri Human Rights Commission?

☒ Yes ☐ No

If yes, please attach a copy of the letter to this Complaint.

- E. If you are claiming **age discrimination**, check one of the following:
- ☒ 60 days or more have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission.
- ☐ fewer than 60 days have passed since I filed my charge of age discrimination with the Equal Employment Opportunity Commission

IV. Statement of Claim

- A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Failure to hire me. |
| <input checked="" type="checkbox"/> | Termination of my employment. |
| <input checked="" type="checkbox"/> | Failure to promote me. |
| <input type="checkbox"/> | Failure to accommodate my disability. |
| <input checked="" type="checkbox"/> | Unequal terms and conditions of my employment. |
| <input checked="" type="checkbox"/> | Retaliation. |
| <input checked="" type="checkbox"/> | Harassment/Hostile Work Environment |
| <input type="checkbox"/> | Other acts (<i>specify</i>): <u>Took my transportation / Lied on me</u> |

(*Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.*)

- B. It is my best recollection that the alleged discriminatory acts occurred on the following date(s):

April 2014 - May 31 2019

- C. I believe that defendant(s) (*check one*):

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | is/are still committing these acts against me. |
| <input type="checkbox"/> | is/are not still committing these acts against me. |

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☒ race Black
☐ color _____
☐ gender/sex _____
☐ religion _____
☐ national origin _____
☒ age. My year of birth is 1964. (Give your year of birth only if you are asserting a claim of age discrimination.)
☐ disability or perceived disability (specify disability) _____

E. Write a short and plain statement of FACTS that support your claim. Do not make legal arguments. You must include the following information:

- What happened to you? Was harrassed daily
- What injuries did you suffer? Mental and Emotional
- Who was involved in what happened to you? Supervisor & Director
- How were the defendants involved in what happened to you? Supervisor harrassed me and Director of Facilities did nothing.
- Where did the events you have described take place? Work in homes and Facilities
- When did the events you have described take place? April 2018 - May 31 2019

If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

1. Repeatedly curse me and pointed in my face
2. Took away all my privileges at work
3. Allowed Co-workers to curse me.
4. Took away my breaks & lunch everyday for 2 months
5. Treated different than white workers.
6. Denied raise and Vacations
7. Found out I was telling management behind her back and set out to get rid of me.

8. Began to follow me each day with threats of firing.
9. Management told her I was reporting her because I hired attorney.
10. Fired for no reason.

V. Relief

As relief from the allegations of discrimination as stated above, Plaintiff prays that the court grant the following relief to Plaintiff: (check any and all that apply)

- ☐ Defendant be directed to employ Plaintiff
- ☒ Defendant be directed to re-employ Plaintiff
- ☒ Defendant be directed to promote Plaintiff
- ☒ Defendant be directed to Punish all involved
- ☒ Monetary damages (please explain): all wages lost since May 31 2019
- ☐ As additional relief to make Plaintiff whole, Plaintiff seeks (please specify and explain):

Medical Insurance lost, Sick and Vacation Days lost, Raises lost, Bonuses lost.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Nov. 9, 2020.

Signature of Plaintiff

Printed Name of Plaintiff

Kevin King
Kevin King